

DAVIS SCHOOL DISTRICT WORK-BASED LEARNING

PARENTAL CONSENT FOR DISCLOSURE OF EDUCATIONAL INFORMATION

I, _____, as the parent of _____,
(Name of parent or guardian) (Name of student)

hereby authorize _____ to disclose to
(Name and general designation of program making disclosure)

_____ the following information: _____
(Name of person or organization to which disclosure is to be made)

The purpose of the disclosure authorized herein is for the sole purpose of providing necessary accommodations to my child in connection with his/her internship with the above named employer.

I understand that my child's records are protected under federal and state laws and cannot be disclosed without my written consent unless otherwise provided for by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon termination of my child's internship.

Signature of Parent or Guardian Date

EMPLOYER - REDISCLOSURE AGREEMENT

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING STUDENT/INTERN IN
SCHOOL TO CAREERS PROGRAM

This notice accompanies a disclosure of information concerning a student with your company in an internship program. This information was disclosed to you with the consent of the student's parents and contains information from records protected by federal and state laws. Such laws prohibit you from making any further disclosure of this information unless expressly permitted by the written consent of the parent of the student to whom it pertains.

Signature of Employer Date